

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

OMB API	PROVAL		
OMB Number:	3235-0076		
Expires:	April 30, 2008		
Estimated average by	urden		
hours per response	16.00		
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SEC USE	E ONLY		

DATE RECEIVED

1377291

Name of Offering (check if this is an amendment and name has changed, and indicate change.)							
Series A Preferred Stock (and the common stock issuable upon conversion thereof)							
Filing Under (Check box(es) that apply):	Rule 504	Rule 505	Rule 506	Section 4(6)	Z of gE		
Type of Filing:				ECM	RECE. PO		
	A. B/	ASIC IDENTIFI	CATION DATA		RECEIVED		
1. Enter the information requested about th	ie issuer.			May			
Name of Issuer (check if this is an amer	dment and name has cha	anged, and indicate	change.)	12	1 7 2007		
Biosocia Inc.				12	2007		
Address of Executive Offices	1)	Number and Street,	City, State, Zip Code)	Telephone Vumbe			
119 West 40th Street, Floor 20, New	York, NY 10018			13/	186 SECTION		
Address of Principal Business Operations	(1)	Number and Street,	City, State, Zip Code)	Telephone Number	er (Including Area Code)		
(if different from Executive Offices)				,			
same as above				917-696-5465			
Brief Description of Business					PPOG		
Online consumer services					MAY 3 1 2007		
Type of Business Organization			•		MAY 3 1 2000		
	limited partnership	, already formed	other ((please specify):	2007		
☐ business trust	limited partnership	, to be formed					
		Month	Year		FINANCIAL		
Actual of Estimated Date of incorporation of Organization:							
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service Abbreviation for State:							
CN for Canada; FN for other foreign jurisdiction) D E							

GENERAL INSTRUCTIONS

Federal

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File. U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix in the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.



A. BASIC IDENTIFICATION DATA

2. Enter the information requested for the following:

- Each promoter of the issuer, if the issuer has been organized within the past five years;
- Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
- · Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
- Each general and managing partner of partnership issuers.

Check Box(es) that Apply:	Promoter	⊠ Beneficial Owner	Executive Officer	Director	General and/or Managing Partner				
Full Name (Last name first, if individual) Forman, Charles									
Business or Residence Address (Number and Street, City, State, Zip Code)									
c/o Biosocia Inc., 119 West 40th Street, Floor 20, New York, NY 10018									
Check Box(es) that Apply:	Promoter	Beneficial Owner	☐ Executive Officer	Director	General and/or Managing Partner				
Full Name (Last name first,	if individual)								
Albritton, Daniel									
Business or Residence Adda	•	•							
c/o Biosocia Inc., 119 West	40th Street, Floor	20, New York, NY 10018	·						
Check Box(es) that Apply:	Promoter	Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner				
Full Name (Last name first, Borthwick, John	if individual)		_						
Business or Residence Addi	ess (Number and S	treet, City, State, Zip Code)							
459 West 21st Street, New	York, NY 10011								
Check Box(es) that Apply:	Promoter	Beneficial Owner	☐ Executive Officer	☐ Director	General and/or Managing Partner				
Full Name (Last name first,	if individual)								
Buchheit, Paul									
Business or Residence Adda	ess (Number and S	treet, City, State, Zip Code)							
1518 Hillview Drive, Los A	ltos, CA 94024								
Check Box(es) that Apply:	Promoter	⊠ Beneficial Owner	Executive Officer	Director .	General and/or Managing Partner				
Full Name (Last name first,	if individual)								
Lerer Investments LLC									
Business or Residence Addr	ess (Number and St	treet, City, State, Zip Code)							
c/o TAG Associates LLC,	75 Rockefeller Pla	za, Suite 900, New York, N	YY 10019						
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner				
Full Name (Last name first,				•					
Ronald & Gayle Conway as trustees of the Conway Family Trust dated 9/25/96									
Business or Residence Address (Number and Street, City, State, Zip Code)									
c/o Ronald Conway, 2000 Washington Street, #3, San Francisco, CA 94109									
Check Box(es) that Apply:	Promoter	Beneficial Owner	☐ Executive Officer	Director	General and/or Managing Partner				
Full Name (Last name first, if individual)									
Baseline Ventures LLC									
Business or Residence Addr	ess (Number and St	treet, City, State, Zip Code)							
3101 Clay Street, Apt. 3, San Francisco, CA 94115									

					В. 1	NFORMA	ΓΙΟΝ ABC	OUT OFFE	RING				
												Yes	No
1. I	1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?								\boxtimes				
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2. What is the minimum investment that will be accepted from any individual?									***************************************	Yes	n/a No		
3. E	Does th	e offering	permit joint	ownership	of a single	unit?						\boxtimes	
4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only. NONE													
Full Name (Last name first, if individual) n/a													
Business or Residence Address (Number and Street, City, State, Zip Code) n/a													
Name	of Ass	ociated Br	oker or Dea	ler n/a						.,			
						Solicit Pur							
	k "All L]	States" or (check indivi [AZ]	iduals State: [AR]	s). [CA]	All Stat [CO]	es [CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[11]	L]	[IN]	[1A]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[N	4T]	[NE]	[NV]	[NH]	[LN]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[R	[1]	[SC]	[SD]	[TN]	[TX]	[עד]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Full N	lame (L	ast name f	irst, if indiv	ridual) n/a								-	
Busin	ess or f	Residence	Address (Nu	ımber and S	Street, City	, State, Zip	Code) n/a	l	•				
Name	of Ass	ociated Br	oker or Dea	ler n/a									
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individuals States) All States													
[A	L]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[1]	L]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[N	1T]	[NE]	[NV]	[NH]	[NJ]	[MM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[R	.[]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Full N	lame (L	ast name f	irst, if indiv	ridual) n/a									
Business or Residence Address (Number and Street, City, State, Zip Code) n/a													
Name	of Ass	ociated Bro	oker or Dea	ler n/a									
(Chec	k "All :	States" or o	check indivi	duals States	s)	Solicit Pure All Stat	es	(DE)	נוסים	fer i	(CA)	m	fin
AJ [1]	.L]	[AK] [IN]	[AZ]	[AR]	(KA)	[CO]	[CT]	(DE)	[DC]	[FL]	[GA]	[HI]	[ID]
	-) 17]	[NE]	[IA] [NV]	[KS] [NH]	(KY) [NJ]	[LA] [NM]	[ME] [NY]	[MD] [NC]	[MA] [ND]	[MI] [OH]	[MN] [OK]	[MS] [OR]	[MO] [PA]
ſr.	_	[SC)	(SD)	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	(WV)	(WI)	[OK] [WY]	[PR]

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box 🔲 and indicate in the columns below the amounts of the securities offered for exchange and already exchanged. Aggregate Amount Already Type of Security Offering Price Sold Debt..... 0.00 0.00 525,000.57 \$ Equity..... 450,000.07 Common □ Preferred Convertible Securities (including warrants)..... 0.00 \$ Partnership Interests 0.00 \$ 0.00 Other (Specify) 0.00 \$ 0.00Total 525,000.57 \$ 450,000.07 Answer also in Appendix, Column 3, if filing under ULOE. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero." Aggregate Number **Dollar Amount** Investors of Purchase Accredited Investors 450.000.07 Non-accredited Investors 0.00 Total (for filings under Rule 504 only) 0.00 Answer also in Appendix, Column 4, if filing under ULOE. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1. Type of Dollar Amount Type of Offering Security Sold Rule 505 n/a n/a Regulation A..... n/a n/a Rule 504 n/a n/a Total n/a a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. Transfer Agent's Fees 0.00Printing and Engraving Costs..... 0.00Legal Fees 冈 12,000.00 Accounting Fees..... 0.00 П Engineering Fees..... 0.00Sales Commissions (specify finders' fees separately)..... 0.00 Other Expenses (identify) _____ 0.00 Total \boxtimes 12,000.00

	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF F	ROCEEDS	
	b. Enter the difference between the aggregate offering price given in response to Part C — Question 1 and total expenses furnished in response to Part C — Question 4.a. This difference is the "adjusted gross proceeds to the issuer."		\$513,000.57
5.	Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C — Question 4.b above.		
		Payments to Officers,	
		Directors, & Affiliates	Payments to Others
	Salaries and fees	S	S0.00
	Purchase of real estate	S0.00	S
	Purchase, rental or leasing and installation of machinery and equipment	□ \$ <u>0.00</u>	S 0.00
	Construction or leasing of plant buildings and facilities	□ \$ <u>0.00</u>	S 0.00
	Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)	S0.00	\$0.00
	Repayment of indebtedness	□ \$ <u>0.00</u>	S
	Working capital	□ \$ <u>0.00</u>	
	Other (specify):	□ \$ <u>0.00</u>	S0.00
Co		□ \$ <u>0.00</u>	⊠ \$ 513,000.57
	Total Payments Listed (column totals added)	⊠ \$	513,000.57

D. FEDERAL SIGNATURE

The issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice is filed under Rule 505, the following signature constitutes an undertaking by the issuer to furnish the U.S. Securities and Exchange Commission, upon written request of its staff, the information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of Rule 502.

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Issuer (Print or Type)	Signature				Date	
Biosocia Inc.		///	\wedge		May 14, 2007	
Name of Signer (Print or Type)	Title or Signer (Print or Type)					
Charles Forman	President and Ch	ief Ex	ecutive Office	er		

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18. U.S.C. 1001.)

END